

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	2		1			
4	3		1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
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13	3		1			
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	18	←	←		←
TOTAL CLAIMS		14				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓			↓	
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS		14				

BEST AVAILABLE COPY